

Submission on a resource consent application



Application number:	
Date and time received:	

Full name:

Postal address:

Phone numbers:

Work:

Home:

Cell phone:

Email:

Contact person (*name and phone number if different from above*):

We are legally required to provide a copy of your submission to the applicant. This includes **your personal details** as provided on this submission form. We cannot withhold these details from an applicant.

- Please **withhold personal details** if a request is made for a copy of my submission under the Local Government Official Information and Meetings Act 1987.
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Full name:

My submission is on the following resource consent application(s):

Application number(s):

Applicant's name:

Application site location:

Type of consent(s) applied for:

Closing date for receipt of submission:

Select one box to indicate your position (*only one box*):

- I **support** the application(s)
- I **oppose** the application(s)

Select one box to indicate your position (*only one box*):

- I **wish** to be heard in support of my submission.
- I **do not wish** to be heard in support of my position

Select one box to indicate your position (*only one box*):

- If others make a similar submission I **would** consider a joint presentation with them at a Hearing on the resource consent application.
- If others make a similar submission I **do not wish** to present a joint case at a Hearing on the resource consent application.

If you selected you would consider a joint presentation, please select one box to indicate your position (*only one box*):

- I **agree** with BOPRC sharing my personal details (including my submission) with Submitters with a similar submission.
- I **don't agree** with BOPRC sharing my personal details (or submission) with Submitters with a similar submission.

I will require a Te Reo translator:

- Yes
- No

I wish to have a Māori Commissioner on the Hearing Panel:

- Yes
 - No
-

1 I seek the following decision from the Bay of Plenty Regional Council (*give precise details*):

2 The reasons for making my submission are:

3 The general nature of any conditions I seek to be part of the consent, if this application is granted are:

Signature: Date:

Signature or person submitting or person authorised to sign on behalf of submitter

You must send a copy of this submission to the applicant as soon as practicable after sending this submission to the consent authority.

Call the Regulatory Coordinator Team on 0800 884 880 with any questions about this form. **Email the signed form to RegulatoryAdmin@boprc.govt.nz.**